U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE Important: Follow the instructions on pages 1–9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official (2) is

	<u> </u>	SECTION A - PROP	EDTV IN	ODDA A TO		ricial, (2) i	nsurance agent/c	ompany, and (3) building own
A1. Building Owner's Name DUSTIN SLADE					INSURANCE COMPANY US			
				i	cy Number:			
A2. Building Stree	t Address	(including Apt., Unit,	Suite, an	d/or Bldg. No	o.) or P.C). Route a	and	
807 AMAR STREE	Т			Ü	,,	· · · · · · · · · · · · · · · · · · ·	Com	pany NAIC Number:
City WAVELAND				State	e		ZIP (Code
	rintion (Lo	Lond DL . I. N		MS			30576	
TAX PARCEL ID #	162G-0-03	t and Block Numbers -233.000	, Tax Par	cel Number,	Legal D	escription	, etc.)	
A4. Building Use (6	∍.g., Resid	ential, Non-Resident	ial, Additio	on, Accessor	y, etc.)	RESDEN	TIAL	
Ab. Latitude/Longi	lude: Lat.	30-17-08.8	Long	. 89-23-27.9		Horizo	ntal Datum:	NAD 1927 [X] NAD 1983
A6. Attach at least	2 photogra	phs of the building if	the Certif	icate is bein	a used to	Obtain fi	Oodineurango	1927 [X] NAD 1983
A7. Building Diagra	m Number	· <u>1</u> B				obtant n	ood insurance,	
A8. For a building v	/ith a craw	lspace or enclosure(s);					
		vlspace or enclosure		٨		ea ff		
		flood openings in the			UEO/n)	sq ft		
c) Total net are	a of flood		N/A			itnin 1.0 fa	oot above adjace	ntgrade N/A
d) Engineered				sc.	in			
			9 No					
A9. For a building wi		_						•
a) Square foota				sq				
b) Number of pe	rmanent fl	ood openings in the	attached ;	garage within	1 1.0 foo	t above a	diacent arada	Nevan
c) Total net area	of flood o	penings in A9.b	NONE		q in	2		NONE
d) Engineered flo			****		Чт			
		0 100 M	140					
	SE	CTION B - FLOOD	INSURA	NCE RATE	MAP (FIRM) INI	FORMATION	
31. NFIP Community 35262 WAVELAND	Name & C	Community Number		B2. County Name HANCOCK			D2 Ctate	
								B3. State MS
Map/Panel B	5. Suffix	B6. FIRM Index Date	B7. FIR	M Panel	B8. Flo	ood	B9. Base Floo	d Flevation(s)
054C0342	D		Rev	ctive/ ised Date	Zone(s	s)	(Zone AO,	use Base Flood Depth)
	10/16/	10/16/09	10/16/09 10/16	/09	AE		18	
10. Indicate the sour	ce of the B	ase Flood Elevation	(BEE) dat	a or here a				
☐ FIS Profile [∑	[] FIRM [Community Deter	mined [a or base no] Other/Sou	rce;	entered	in Item B9:	
1. Indicate elevation	n datum us	sed for BFE in Item B	9: 📋 NG	SVD 1929 [X) NAVE	1988	Other/Source	э:
2. Is the building loa	cated in a	Coastal Barrier Reso	urces Svs	item (CRRS)	araa a-	Othanit		(OPA)?
Donionation D.	. KI/A			······································	area of	Omerwise	e Protected Area	(OPA)? Yes No
Designation Date	: N/A	, ,	CBRS [OPA				

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

ELEVATION CERTIFICATE	e corresponding information from Section 1997 (1997) or P.O. Route	on A.	FOR INSURANCE COMPANY USE
MPORTANT: In these spaces, copy the	Init, Suite, and/or Bldg. No.) or P.O. Route	and Box No.	Policy Number:
807 AMAR STREET	State ZIP C	ode	Company NAIC Number
MAVELAND	IVIO		EQUIPED)
SECTION C	- BUILDING ELEVATION INFORMATION	ON (SURVEY R	uction* X Finished Construction
C2. Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acc	e required when construction of the building H, A (with BFE), VE, V1–V30, V (with BFE) cording to the building diagram specified in SNOW NETWORKVertical Datum:	Item A7. In Puer NAVD 88 GEOID	/AE, AR/A1–A30, AR/AH, AR/AO. to Rico only, enter meters.
Indicate elevation datum used for	the elevations in items a) through h) below	•	
☐ NGVD 1929 [X] NAVD Datum used for building elevations	1988 Other/Source: s must be the same as that used for the BF	E.	Check the measurement used.
		20.0	x feet meters
	pasement, crawlspace, or enclosure floor)_	N/A	feet meters
b) Top of the next higher floor	to the least member (V Zones only)	N/A	feet meters
	l structural member (V Zones only)	18.0	feet
d) Attached garage (top of slab)	or equipment servicing the building	20.0	feet meters
 e) Lowest elevation of machinery (Describe type of equipment a 	or equipment servicing the building and location in Comments)	16.4	[X] feet meters
f) Lowest adjacent (finished) gra	ide next to building (LAG)	16.6	feet meters
g) Highest adjacent (finished) gra	ade next to building (HAG)	N/A	feet meters
	est elevation of deck or stairs, including		
	D – SURVEYOR, ENGINEER, OR ARC	HITECT CERTI	FICATION
This certification is to be signed and s	ealed by a land surveyor, engineer, or archertificate represents my best efforts to inter- or imprisonment under 18 U.S. Code, Sec	nitect authorized I pret the data ava tion 1001.	by law to certify elevation implimation. illable. I understand that any false
Statement may be punishable by fine Were latitude and longitude in Section	A provided by a licensed land surveyor?	☐Yes ☐ No	Check here if attachments.
Certifier's Name	License Number		AMPERS
DONALD E RIED	PLS 3037		
Title LAND SURVEYOR			- Mary Cong of
Company Name RIED ASSOCIATES LLC			11/1/26/20
Address 9526 BENESHEEWAH TRAIL		ZIP Code	158155
City PASS CHRISTIAN	State MS	39520	233111
Signature	Date 047/26/21	Telephone 228 205-4007	Ext.
Copy all pages of this Elevation Certific	cate and all attachments for (1) community c	fficial, (2) insuran	ce agent/company, and (3) building owner
Comments (including type of equipm	tent and location, per C2(e), if applicable) UNDATION ELEVATION SHOWN IN C2a T0 OF ATTACHED GARAGE AND STORAGE	OF DECIDENC	E FOUNDATION

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the correspon	odina information for		FOR INSURANCE COMPANY US	
Building Street Address (including Apt., Unit, Suite, a 807 AMAR STREET	PORTANT: In these spaces, copy the corresponding information from Section A. ilding Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 7 AMAR STREET			
City WAVELAND MS	State Z S 395	IP Code 76	Company NAIC Number	
SECTION E - BUILDING E FOR ZOI	LEVATION INFORMAT NE AO AND ZONE A (V	ION (SURVEY NO	T REQUIRED)	
For Zones AO and A (without BFE), complete Items E complete Sections A, B,and C. For Items E1–E4, use enter meters.	1 FF 1011 O 112		a LOMA or LOMR-F request, ement used. In Puerto Rico only.	
E1. Provide elevation information for the following and the highest adjacent grade (HAG) and the lowest a) Top of bottom floor (including basement,	و و المام			
crawlspace, or enclosure) is b) Top of bottom floor (including basement	N/A	☐ feet ☐ mete	rs 🔲 above or 🔲 below the HAG.	
crawispace, or enclosure) is	N/A	feet meter	rs above or below the LAG.	
E2. For Building Diagrams 6–9 with permanent flood of the next higher floor (elevation C2.b in		on A Items 8 and/or	9 (see pages 1–2 of Instructions),	
the diagrams) of the building is E3. Attached garage (top of slab) is	N/A	☐ feet ☐ meter		
E4. Top of platform of machinery and/or equipment		feet meter	s above or below the HAG.	
servicing the building is E5. Zone AO only: If no flood depth number is available floodplain management ordinance?	N/A	feet meter	s above or below the HAG.	
floodplain management ordinance? Yes	No Unknown. The	floor elevated in acc local official must ce	ordance with the community's rtify this information in Section G.	
SECTION F – PROPERTY OWI	VER (OR OWNER'S REP	RESENTATIVELOE	DTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The Property Owner or Owner's Authorized Representative's		A, B, and E are corre	ect to the best of my knowledge.	
Address	City	Stat	e ZIP Code	
Signature	Date	Tele	phone	
Comments				
			Check here if attachments.	

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OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the corre	FOR INSURANCE COMPANY USE						
Building Street Address (including Apt., Unit, St 807 AMAR STREET	Policy Number:						
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number				
SECTIO	N G - COMMUNITY INFOR	WATION (OPTIONAL)	Lauric and Lauric profiles of the American				
The local official who is authorized by law or ore Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the applete meters.	olicable item(s) and sigi	TORIOW. CHECK the measurement				
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)							
G2. A community official completed Section E for a building located in Zone A (without a FEMA-issued or community-issued BFE) or Zone AO.							
G3. The following information (Items G4-	G10) is provided for commun	ity floodplain manageri	ient purposes.				
G4. Permit Number	G5. Date Permit Issued	G6. [Date Certificate of Compliance/Occupancy Issued				
G7. This permit has been issued for: New Construction Substantial Improvement							
G8. Elevation of as-built lowest floor (including of the building:	basement)	[] fee	t [] meters Datum				
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	fee	t meters				
G10. Community's design flood elevation:		fee	t meters Datum				
Local Official's Name	Title						
Community Name	Tele	phone					
Signature	Date)					
Comments (including type of equipment and loc	cation, per C2(e), if applicable	e)					

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2022

IMPORTANT: In these spaces, copy the co	FOR INSURANCE COMPANY USE Policy Number:		
Building Street Address (including Apt., Unit, 807 AMAR ST	, Suite, and/or Blog. No.)	of P.O. Route and Box No.	Policy Number.
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number
If submitting more photographs than will fit a date taken; "Front View" and "Rear View"; a show the foundation with representative example.	on the preceding page, a and, if required, "Right Sic amples of the flood openi	iffix the additional photographs de View" and "Left Side View." ings or vents, as indicated in S	below. Identify all photographs with: When applicable, photographs must ectionA8.
	7		
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Diede These Continu	Photo	Three	Clear Photo Three
Photo Three Caption			
		1.	
·		()	
	Photo	Four	
Photo Four Caption	FIGH		Clear Photo Four

FEMA Form 086-0-33 (12/19)

Replaces all previous editions.

Form Page 6 of 6